



0000153831

1 **STATE OF ARIZONA** ) DOCKET NO. S-20905A-14-0061  
2 )  
3 **County of Maricopa** ) **AFFIDAVIT OF SERVICE**

**ORIGINAL**

4 I, Annalisa Weiss, for the Securities Division of the Arizona Corporation Commission,  
5 hereby certify that on the 4<sup>th</sup> day of June, 2014 at 11:45, I served a copy of: AMENDED  
6 TEMPORARY ORDER TO CEASE AND DESIST AND NOTICE OF OPPORTUNITY FOR  
7 HEARING, upon Catharon Software Corporation, a Delaware corporation, and Betsy A. Feinberg  
8 and Michael A. Feinberg, husband and wife, Respondents, via their counsel, Bruce R. Heurlin, at  
9 1636 N. Swan Rd., Suite 200, Tucson, AZ, 85712, by certified mail.

10  
11   
12 \_\_\_\_\_  
13 AFFIANT

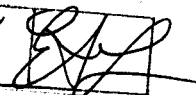
14 06-12-2014  
15 DATE

16 SUBSCRIBED AND SWORN TO BEFORE me this 12 day of June, 2014.

17   
18 \_\_\_\_\_  
19 NOTARY PUBLIC



20  
21  
22  
23 Arizona Corporation Commission  
24 **DOCKETED**  
25 JUN 12 2014

26 DOCKETED BY 

RECEIVED  
2014 JUN 12 P 12:01  
CORP COMMISSION  
DOCKET CONTROL

| SENDER: COMPLETE THIS SECTION                                                                                                                                                                                                                                                                                                    |  | COMPLETE THIS SECTION ON DELIVERY                                                                                                                                                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | A. Signature<br>X <i>Bruce R. Heurlin</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee                                                                                                                                                                         |  |
| 1. Article Addressed to:<br><br><p style="text-align: center;">Bruce R. Heurlin, Esq.<br/> Heurlin Sherlock PC<br/> 1636 North Swan Road, Suite 200<br/> Tucson, AZ 85712-4096</p>                                                                                                                                               |  | B. Received by (Printed Name) <i>Bruce R. Heurlin</i> C. Date of Delivery <i>6/4/14</i>                                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                  |  | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, enter delivery address below:                                                                                                                                     |  |
|                                                                                                                                                                                                                                                                                                                                  |  | 3. Service Type<br><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
|                                                                                                                                                                                                                                                                                                                                  |  | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes                                                                                                                                                                                                                    |  |
| 2. Article Number<br>(Transfer from service label)                                                                                                                                                                                                                                                                               |  | 7002 2030 0002 1459 9651                                                                                                                                                                                                                                                            |  |
| PS Form 3811, February 2004                                                                                                                                                                                                                                                                                                      |  | Domestic Return Receipt 102595-02-M-1540                                                                                                                                                                                                                                            |  |

| U.S. Postal Service <sup>TM</sup>                                                            |                                                                                                           |                              |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------|
| CERTIFIED MAIL <sup>®</sup> RECEIPT                                                          |                                                                                                           |                              |
| (Domestic Mail Only; No Insurance Coverage Provided)                                         |                                                                                                           |                              |
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| Certified Fee                                                                                |                                                                                                           |                              |
| Return Receipt Fee (Endorsement Required)                                                    |                                                                                                           |                              |
| Restricted Delivery Fee (Endorsement Required)                                               |                                                                                                           |                              |
| Total Postage                                                                                | Bruce R. Heurlin, Esq.<br>Heurlin Sherlock PC<br>1636 North Swan Road, Suite 200<br>Tucson, AZ 85712-4096 |                              |
| Sent To                                                                                      |                                                                                                           |                              |
| Street, Apt. N or PO Box Nc                                                                  |                                                                                                           |                              |
| City, State, Zi                                                                              |                                                                                                           |                              |
| PS Form 3800, June 2003                                                                      |                                                                                                           | See Reverse for Instructions |

7002 2030 0002 1459 9651